



Community Development Department  
 Planning Division  
 13220 Central Avenue  
 Chino, CA 91710  
 (909) 334-3253

www.cityofchino.org

# ZONE CHANGE CHECKLIST

## CITY of CHINO

**The purpose of a Zone Change (ZC) is to change the zoning boundaries or zoning classification of any property within the City. A ZC requires review and action by the Planning Commission and City Council.**

### **ALL APPLICATIONS:**

1. All plans shall be folded and stapled into full packages no larger than 8-1/2" X 14".
2. All plans shall be prepared in accordance with the City's Filing Requirements and Minimum Required Information section of this handout.
3. Additional materials and information may be required depending upon project scope and complexity.

### **SECTION 1 – FILING REQUIREMENTS**

- (1) Application and filing fee;
  - (1) Written narrative description/explanation of proposed change(s), including facts and reasons supporting the change(s);
  - (1) *Environmental Assessment* form and review fee; and
  - (3) Copies of mailing labels and mailing list prepared in accordance with the City's *Public Notice Requirements* handout.
- \*Supplementary materials and information may be required as detailed in the *Minimum Required Information Checklist* handout.

### **SECTION 2 – MINIMUM REQUIRED INFORMATION CHECKLIST**

- General Preparation Guidelines:
1. All plans/maps shall be drawn on uniform sheets, no greater than 24" X 36" in size.
  2. All plans/maps shall be clear, legible and accurately scaled.
  3. All plans/maps shall be clearly labeled with sheet title, project name and project location.
  4. A one sheet master plan shall be provided where the detailed plan/map cannot contain the entire project on a single sheet.
  5. Incomplete or illegible plans/maps will not be accepted for filing.

### **CERTIFICATION**

#### **CERTIFICATION OF PLANS & INFORMATION**

I hereby certify that the plans and information provided present all of the data and information required by this "Minimum Required Information Checklist," and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Furthermore, I understand that failure to provide the plans and information required by this checklist may result in this application not being accepted as complete for filing and/or processing.

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (print or type): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_